

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name
U.S. Chamber of Commerce

(b) Address (number and street) ☐ check if different than previously reported
1615 H Street N.W.

(c) City, State and ZIP Code
Washington, DC 20062

(d) Name of Employer or Principal Place of Business

2. FEC Identification Number
C30001101

(e) Occupation

3. Is This Statement

X New

or

Amended

4. Covering Period
10 15 2010 through 10 19 2010

5. (a) Date of Public Distribution(s) 10 19 2010 (b) Communication Title Arrow

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)
(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15
(e) Other, specify:

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name
Rob Engstrom

(b) Address (number and street)
1615 H Street NW

(c) City, State and ZIP Code
Washington, DC 20062

(d) Name of Employer or Principal Place of Business


(e) Occupation
U.S. Chamber of Commerce Vice President

9. Total Donations This Statement 0.00

10. Total Disbursements/Obligations This Statement 1,182,855.90

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Rob Engstrom

SIGNATURE  DATE 10/20/10

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control

A.	(a) Name <u>Rob Engstrom</u>	(e) Occupation <u>Vice President</u>
	(b) Address (number and street) <u>1615 H Street NW</u>	
	(c) City, State and ZIP Code <u>Washington DC 20062</u>	
	(d) Name of Employer or Principal Place of Business <u>U.S. Chamber of Commerce</u>	
B.	(a) Name <u>Bill Miller</u>	(e) Occupation <u>Senior Vice President</u>
	(b) Address (number and street) <u>1615 H Street NW</u>	
	(c) City, State and ZIP Code <u>Washington DC 20062</u>	
	(d) Name of Employer or Principal Place of Business <u>U.S. Chamber of Commerce</u>	
C.	(a) Name	(e) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	
D.	(a) Name	(e) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	
E.	(a) Name	(e) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 3 OF 3

A. Full Name (Last, First, Middle Initial) of Payee <u>Revolution Agency</u>		Date of Disbursement or Obligation <u>10/15/2010</u>	
Mailing Address of Payee <u>1090 Vermont Ave NW Ste 1230</u>		Amount <u>1,182,855.90</u>	
City State Zip Code <u>Washington DC 20005</u>		Communication Date <u>10/19/2010</u>	
Purpose of Disbursement (including title(s) of communication(s)) <u>Arrow - TV Spot</u>			
Name of Federal Candidate <u>Alexi Giannoulis</u>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>IL</u> District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
B. Full Name (Last, First, Middle Initial) of Payee _____		Date of Disbursement or Obligation M M / D D / Y Y Y Y	
Mailing Address of Payee _____		Amount _____	
City State Zip Code _____		Communication Date M M / D D / Y Y Y Y	
Name of Employer Occupation _____		Purpose of Disbursement (including title(s) of communication(s)) _____	
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
SUBTOTAL of Disbursements/Obligations This Page (optional) _____			
TOTAL This Period (last page this line number only) _____ (carry total from last page to Line 10)			

1,182,855.90

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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